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APPLICATION NO.	F	ILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/825,969	04/04/2001		Thomas D. Doerr	951130.90029	5575
26710	7590	06/29/2005		EXAM	INER
QUARLES			PORTER, RACHEL L		
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				3626	

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)				
	09/825,969	DOERR ET AL.				
Office Action Summary	Examiner	Art Unit				
	Rachel L. Porter	3626				
The MAILING DATE of this communication app Period for Reply	ears on the cover sheet with the c	orrespondence address				
A SHORTENED STATUTORY PERIOD FOR REPLY THE MAILING DATE OF THIS COMMUNICATION.  - Extensions of time may be available under the provisions of 37 CFR 1.13 after SIX (6) MONTHS from the mailing date of this communication.  - If the period for reply specified above is less than thirty (30) days, a reply if NO period for reply is specified above, the maximum statutory period we Failure to reply within the set or extended period for reply will, by statute, Any reply received by the Office later than three months after the mailing earned patent term adjustment. See 37 CFR 1.704(b).	66(a). In no event, however, may a reply be time within the statutory minimum of thirty (30) days ill apply and will expire SIX (6) MONTHS from cause the application to become ABANDONEI	nely filed s will be considered timely. the mailing date of this communication. O (35 U.S.C. § 133).				
Status						
1) Responsive to communication(s) filed on 04 Ag	<u>oril 2001</u> .					
2a) This action is <b>FINAL</b> . 2b) ⊠ This	This action is <b>FINAL</b> . 2b)⊠ This action is non-final.					
	<del>-</del>					
closed in accordance with the practice under E	x parte Quayle, 1935 C.D. 11, 45	33 O.G. 213.				
Disposition of Claims						
4) ☐ Claim(s) 1-22 is/are pending in the application. 4a) Of the above claim(s) is/are withdraw 5) ☐ Claim(s) is/are allowed. 6) ☐ Claim(s) 1-22 is/are rejected. 7) ☐ Claim(s) is/are objected to. 8) ☐ Claim(s) are subject to restriction and/or	vn from consideration.					
Application Papers						
9) The specification is objected to by the Examine 10) The drawing(s) filed on is/are: a) acce		Examiner.				
Applicant may not request that any objection to the						
Replacement drawing sheet(s) including the correcting 11) The oath or declaration is objected to by the Ex	, .	• •				
Priority under 35 U.S.C. § 119						
12) Acknowledgment is made of a claim for foreign a) All b) Some * c) None of:  1. Certified copies of the priority documents 2. Certified copies of the priority documents 3. Copies of the certified copies of the prior application from the International Bureau * See the attached detailed Office action for a list of	s have been received. s have been received in Application ity documents have been received (PCT Rule 17.2(a)).	on No ed in this National Stage				
Attachment(s)	<b></b> .					
1) Notice of References Cited (PTO-892) 2) Notice of Draftsperson's Patent Drawing Review (PTO-948) 3) Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date	4)					

### **DETAILED ACTION**

## Notice to Applicant

1. This communication is in response to the application filed 4/4/01. Claims 1-22 are pending. The IDS filed 5/14/2001 has been entered and considered.

# Claim Rejections - 35 USC § 112

- 2. The following is a quotation of the second paragraph of 35 U.S.C. 112: The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.
- 3. Claims 1-22 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

[claim 1]

The preamble of exemplary claim 1 recites a "patient-side decision" support system comprising...". However, the recited system seems to provide access to physicians, not patients. Therefore, it is unclear how the claimed system is a "patient-side" system.

Moreover, a preamble is generally not accorded any patentable weight where it merely recites the purpose of a process or the intended use of a structure, and where the body of the claim does not depend on the preamble for completeness but, instead, the process steps or structural limitations are able to stand alone. See In re Hirao, 535 F.2d 67, 190 USPQ 15 (CCPA 1976) and Kropa v. Robie, 187 F.2d 150, 152, 88 USPQ 478, 481 (CCPA 1951).

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Consequently, the Examiner will merely address the system components within the body of the claim, and the recitation of the "patient-side decision support" will not be given any patentable weight.

Furthermore, it is unclear what function being performed in (c) of claim 1.

Also it is unclear what is intended by the phrase "whereby entry of a specific diagnosis code may be promoted." For the purpose of applying art, the Examiner will interpret these limitations to mean that the physician may access information regarding treatment associated with diagnostic codes.

Claims 2-22 include similar language and also inherit the deficiencies of claim 1 through dependency, and are also rejected.

[claim 5]

Claim 5 recites the limitation "the technical references" in lines 1-2. There is insufficient antecedent basis for this limitation in the claim. Claims 1 and 4 do not recite technical references.

[claim 7]

Claim 7 is dependent upon itself. For the purpose of applying art, the Examiner will interpret the claim as being directly dependent from claim 6. [claims 10-11]

Claim 10 recites "the selection is a direct selection of a non-diagnosis code item pre-linked to a diagnosis code to identify the linked diagnosis code."

The current claim language is unclear to the Examiner, as seems to contradict the limitations set forth in claim 1, which state "(b) accept from the physician ... a

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selection identifying a specific diagnosis code from the diagnosis code; (c) only after identification of a specific diagnosis code..." For the purpose of applying art, the Examiner will interpret the language of claim 10 to mean that system will accept information regarding a diagnosis in more than one form (i.e. by description, by symptom, by recommended treatment, code).

Claim 11 inherits the deficiencies of claim 10 through dependency and is therefore also rejected.

# Claim Objections

4. Claim 17 is objected to because of the following informalities: the claim includes the phrase {types of inputs}, without providing any explanation or language connecting this phrase to the rest of the claim. For examination purposes, the Examiner will assume that the inclusion of this phrase is a typographical error and will only address the features that appear before the phrase "{types of inputs}." Appropriate correction is required.

## Claim Rejections - 35 USC § 102

5. The following is a quotation of the appropriate paragraphs of 35
U.S.C. 102 that form the basis for the rejections under this section made in this
Office action:

A person shall be entitled to a patent unless -

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States..

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6. Claims 1, 4-12 and 14-19 are rejected under 35 U.S.C. 102(b) as being anticipated by Evans (USPN 5,924,074).

[claim 1] Evans discloses a decision support system comprising:

- a hand-held terminal usable during examination and providing a display and physician input device; (see Abstract, col. 2, lines 47-50; col. 5, lines 8-21)
- a terminal server communicating with the hand-held terminal and executing a stored program to:
  - o present on the display of the hand-held terminal a navigation menu presenting diagnosis codes representing different medical diagnoses; (Fig. 20; col. 11, lines 37-50)
  - o accept from the physician input device of the hand-held terminal a selection identifying a specific diagnosis code from the diagnosis codes; and (col. 11, lines 37-50)
  - access information regarding treatment associated with diagnostic codes. (col. 11, lines 54-60)
- [claim 4] Evans teaches a decision support system wherein physician support features include display of physician educational information related to at least one of the diagnosis and treatment. (Figure 18; col. 11, lines 10-30)
- [claim 5] Evans teaches a support system wherein the technical references include hyperlinks to physician educational information. (Figure 24; col. 13, lines 20-30)
- [claim 6] Evans teaches a decision support system wherein the terminal server further accepts from the physician input device of the hand-held terminal a selection identifying a specific patient, (col. 6, lines 55-63) and wherein the additional physician

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support features include display of a history of related diagnoses and treatments for the patient. (col. 6, line 62-col. 7, line 40; Figures 7-8)

[claim 7] Evans teaches a support system wherein the display of a history of related diagnoses and treatments for the patient includes identification of at least one medication used in the treatment. (See 112, 2nd paragraph rejection—col. 7, lines 41-52)

[claim 8] Evans teaches a system wherein the diagnosis codes are codes of the international Classification of Diseases developed by the World Heath Organization. (Figure 14; col.9, lines 4-7)

[claim 9] Evans teaches a support system wherein the selection is a direct selection of a diagnosis code displayed by the navigation menu. (col. 11, lines 46-50)

[claims 10-11] Evans teaches a support system wherein the selection is a direct selection of a non-diagnosis code item pre-linked to a diagnosis code (e.g. description of diagnosis) to identify the linked diagnosis code. (Figure 20) Evans further discloses a system wherein the navigation menu displays linked diagnosis codes and treatment options and the selection is a direct selection of a treatment option. (Figure 20; col. 11, lines 27-30) (See 112, 2<sup>nd</sup> paragraph rejection for claims 10-11)

[claim 12] Evans teaches a decision support system wherein the additional physician support features include a listing of treatment options related to the specific diagnosis code. (col. 11, lines 14-22—lists medications that may correspond with a diagnosis)

[claim 14] Evans teaches a decision support system wherein additional physician support features include a listing of procedure options related to the specific drugs. (col. 11, lines 27-30)

[claim 15] Evans teaches a support system, which include access to a searchable

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database of drugs. (Figures 21-22; col. 12, lines 6-25)

[claim 16] Evans teaches a system wherein the terminal server and the hand-held terminal provide interfaces connecting to the Internet and wherein the terminal server connects with the hand-held terminal via the Internet. (col. 12, lines 56-63; col. 13, lines 13-30)

[claim 17] Evans teaches a support system which provides wireless communication among the devices (i.e. between the hand-held terminal and the terminal server) (col. 2, lines 45-50; col. 13, lines 13-30)

[claim 18] Evans teaches system wherein system wherein the physician input device includes a keyboard or stylus entry device (col. 7, lines 10-14)

[claim 19] Evans teaches a decision support system wherein the display is a graphic display providing for the display of text and images. (Figure 8; col. 7, lines 11-40)

#### Claim Rejections - 35 USC § 103

- 7. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:
  - (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.
- 8. Claims 2-3 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans as applied to claim 1 above, and further in view of Denny (USPN 6,687,676)
- [claims 2-3] Evans discloses a decision support system, as explained in the rejection of

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claim 1. Evans further discloses that the system provides additional physician support tools (col. 7, lines 41-64), but dos not expressly disclose that the system prints patient handouts related to the diagnosis or treatment and printing a prescription for treatment. Denny discloses a system, which prints a prescription for the patient (i.e. a handout related to treatment and a prescription for treatment) (col. 6, line 51-59). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Evans with the teaching of Denny to provide patient handouts related to treatment and printouts of a prescription for treatment. As suggested by Denny, one would have been motivated to include this feature to ensure that the patient given proper dosage and special instructions for treatments (col. 1, lines 42-55) and to facilitate the retrieval and fulfillment of a prescription at a patient-selected pharmacy (col. 7, lines 6-13)

- 9. Claims 13, and 21-22 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans as applied to claim 1 above, and further in view of Mayaud (USPN 5,845,255)
- [claim 13] Evans discloses a decision support system that provides navigation menu lists of diagnosis codes and treatment codes for selection by a user (e.g. physician) (Figure 20, col. 11, lines 37-50), but does not expressly disclose that the diagnosis and treatment codes are listed by the frequency of prior use by a particular physician or group of physicians. Mayaud discloses an adaptive system in which treatments (i.e. prescribed drugs) may be displayed based upon frequency of use (i.e. how often they are ordered by the treating physician(s)). (col. 12, lines 45-54) At the time the Applicant's invention, it

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would have been obvious to one of ordinary skill in the art to modify the system of Evans with the teaching of Mayaud to display treatment information based upon the frequency with which it is used by the physician(s). As suggested by Mayaud, one would have been motivated to include this feature to make the system more valuable with increased use, as it adapts to the user's environment and preferences. (col. 12, lines 54-63)

[claims 21-22] Evans discloses a decision support system that provides navigation menu lists of diagnosis codes for selection by a user (e.g. physician) (Figure 20, col. 11, lines 37-50), but does not expressly disclose that the diagnosis codes are listed by the frequency of prior use by a particular physician or group of physicians. Mayaud discloses an adaptive system in which disease conditions may be displayed based upon frequency of use (i.e. how often they are encountered by the treating physician(s)). (col. 12, lines 45-54) At the time the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Evans with the teaching of Mayaud to display diagnosis information (e.g. codes/conditions) based upon the frequency with which it is encountered by the physician(s) using the system. As suggested by Mayaud, one would have been motivated to include this feature to make the system more valuable with increased use, as it adapts to the user's environment and preferences. (col. 12, lines 54-63)

10. Claims 19 is rejected under 35 U.S.C. 103(a) as being unpatentable over Evans as applied to claim 1 above, and further in view of Official Notice.

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[claim 20] Evans teaches a decision support system as explained in the rejection of claim 1. Evans further discloses that the display of the system is a graphic display providing for the display of text and images (Figure 8; col. 7, lines 11-40), but does not disclose the resolution of the system display. However, the use of higher resolution displays to view data is well known in the computer arts. At the time of the Applicant's invention it would have been obvious to one of ordinary skill in the art to include the use of a higher resolution display unit (e.g. a display that provides a resolution of at least 600 by 200 pixels) in the system of Evans. One would have been motivated to include this feature to improve the detail displayed in the graphical images (e.g. x-rays), thereby increasing the accuracy of diagnoses made through such images.

### Conclusion

- 11. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.
  - Sattizahn et al (USPN 5,884, 273) discloses a system for printing out prescriptions from a handheld computing device.
  - Joao (USPN 6,283,761) teaches a system for providing a complete patient record that is accessible by various members of the healthcare system.
  - Bessette (WO 99/44162) teaches a method for using hyperlinks to connect patient data from disparate sources.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Rachel L. Porter whose telephone number is (571) 272-6775. The examiner can normally be reached on M-F, 9:30-6:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571) 272-6776. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

ββΩ RP

> JOSÉPH THOMAS SUPÉRVISORY PATENT EXAMINER TECHNOLOGY CENTER 3600